

9/936960

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.		*		*		*	
							IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51					
	2						52					
	2						53					
	8						54					
	8						55					
							56					
							57					
							58					
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							97					
							98					
							99					
							100					
							TOTAL IND.					
							TOTAL DEP.					
							TOTAL CLAIMS					

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY